



Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021
Website: www.idbimutual.co.in

Common Application Form

Name & ARN Code	Sub Distributor ARN / Branch Code	Internal code for sub Agent / Employee	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
132061			E352389	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION	Folio No.	[Please fill in your Folio Number and proceed to Investment Details]
-------------------------------------	-----------	--

2. MODE OF HOLDING (Please ✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)
-------------------------------	---

3. APPLICANT'S PERSONAL DETAILS

Name of First/Sole Applicant/Minor* (as appearing in ID proof)		Date of Birth (Mandatory in case of Minor)	D D / M M / Y Y Y Y
---	--	--	---------------------

PAN (Attach Proof)	Nationality	KYC [(Please ✓) Mandatory] <input type="checkbox"/> Proof Attached
--------------------	-------------	--

Status (Please ✓)	<input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI / PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank / FIs <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Society <input type="checkbox"/> Others (Please Specify) _____
-------------------	--

Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
-----------------------	--

Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> >5-10 Lacs <input type="checkbox"/> >10-25 Lacs <input type="checkbox"/> >25-1 Crore <input type="checkbox"/> >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) _____ as on (date) D D / M M / Y Y Y Y
--	---

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
---	--

Non-Individual Investors involved / providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> None of the above
---	---

* If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # (In case first applicant is a minor)/contact person name (in case of non-individual)

Name of the Guardian#		KYC [(Please ✓) Mandatory] <input type="checkbox"/> Proof Attached
-----------------------	--	--

PAN (Attach proof)	Nationality	Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
--------------------	-------------	--

Name of Second Applicant		KYC [(Please ✓) Mandatory] <input type="checkbox"/> Proof Attached
--------------------------	--	--

Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI / PIO
-------------------	---

Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
-----------------------	--

Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> >5-10 Lacs <input type="checkbox"/> >10-25 Lacs <input type="checkbox"/> >25-1 Crore <input type="checkbox"/> >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) _____ as on (date) D D / M M / Y Y Y Y
--	---

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
---	--

Name of Third Applicant		KYC [(Please ✓) Mandatory] <input type="checkbox"/> Proof Attached
-------------------------	--	--

Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI / PIO
-------------------	---

Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
-----------------------	--

Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> >5-10 Lacs <input type="checkbox"/> >10-25 Lacs <input type="checkbox"/> >25-1 Crore <input type="checkbox"/> >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) _____ as on (date) D D / M M / Y Y Y Y
--	---

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
---	--

4. MAILING ADDRESS of SOLE/FIRST APPLICANT

Correspondence Address (Please provide full Address)	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE FLAT NO.	HOUSE FLAT NO.
STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS
CITY/TOWN	CITY/TOWN
STATE	STATE
COUNTRY	COUNTRY
PINCODE	PINCODE

Tel. (Off.)	Tel. (Res.)	Fax
Email:	Mobile	

5. COMMUNICATION (Please ✓)

<input type="checkbox"/> I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E- mail/SMS alerts in lieu of Physical Documents.
<input type="checkbox"/> I/We would like to know more about IDBI MF products over the telephone.

ACKNOWLEDGEMENT SLIP (To be filled in by the Sole/First Applicant)

	Common Application Form
--	-------------------------

Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021
Website : www.idbimutual.co.in

Date ____ / ____ / ____

Received from Mr. / Ms. /M/s. _____
an application for purchase of units of IDBI _____ for Rs. _____ on date D D / M M / Y Y Y Y

Stamp, Signature & Date

6. BANK ACCOUNT DETAILS - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)

Name of the Bank																	
Branch Address																	
Bank Branch City											State				Pin Code		
Account No.											A/C. Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR						
9 digit MICR Code											11 digit IFSC Code			(Mandatory for credit via NEFT/RTGS)			
Please attach a cancelled cheque OR a clear photo copy of a cheque																	

7. ■ UNITS IN DEMAT MODE (Please ✓) ■ NSDL ■ CDSL [Refer point (8) on page 23]

DP ID																Beneficiary Account No./Client ID		
DP Name																		

Note: Please attach the depository transaction statement or DP master data indicating the DP account number of the applicant. Please ensure that sequence of Names as mention in the Application Form match with that of the account held with the DP.

8. POWER OF ATTORNEY (PoA)

POA Name															
PAN											KYC <input type="checkbox"/> Yes <input type="checkbox"/> No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA				

9. INVESTMENT DETAILS AND PAYMENT DETAILS - Cheque/DD/RTGS/NEFT/Transfer (investors are requested to not to submit outstation cheque to avoid delay in processing the application) [Refer point (6) to (9) & (11) on page 22 & 23]. Please ✓ wherever applicable.

Scheme Name: _____

Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ Dividend ☐ Bonus (applicable only for IDBI Liquid Fund and IDBI Ultra Short Term Fund)

Sub-option / Frequency of Dividend: _____

Mode of dividend: ☐ Payout ☐ Re-investment ☐ Sweep Sweep: To Scheme _____ Plan _____ Option _____

<input type="checkbox"/> IDBI Monthly Income Plan			
<input type="checkbox"/> Growth	<input type="checkbox"/> Growth with Regular Cash Flow Plan (RCFP) <input type="checkbox"/> On completion of _____ Years (Minimum of 5 years and in multiples of 1 year thereafter) <input type="checkbox"/> On reaching the target amount of Rs. _____ (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter)	<input type="radio"/> Monthly Dividend Payout <input type="radio"/> Quarterly Dividend Payout <input type="radio"/> SWP Rs. _____ Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)	<input type="checkbox"/> Dividend <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep

Only for IDBI Gilt Fund: Fixed Tenor Trigger (FTT) Plan : Automatic redemption after ☐ 1 year ☐ 3 years ☐ 5 years ☐ 7 years ☐ 10 years

Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words) _____	Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT
-------------------------	-------------------------	-----------------------------	---

Drawn on Bank																						
Branch & City											Account No.											
Chq. / DD No.											Date	D	D	M	M	Y	Y	Y	Y	IFSC Code		

A/c Type - ☐ S/B ☐ NRE ☐ Current ☐ NRO ☐ FCNR* *Kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing source of funds
Cheque / D.D. to be crossed "Account Payee" only and should be drawn payable to: - "IDBI Scheme Name A/C XXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXX" (Name of the First holder)

10. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate] Refer point (13) on page 23

I / We _____ do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

No.	Nominee(s) Name	% of Share*	Date of Birth (in case of Minor)	Nominee(s) Signature
1			D D M M Y Y Y Y	
2			D D M M Y Y Y Y	
No.	Name of the Guardian (In case Nominee is Minor)	Nominee(s) Signature		
1				
2				

* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.	Signature of the Declarant
---	----------------------------

11. DECLARATION

I / We have read and understood the contents of the SID and Key Information Memorandum of the Scheme. I/We hereby apply to the IDBI Mutual Fund for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We hereby confirm and certify that the source of these funds is not directly / indirectly a result of "proceeds of crime" as defined in "The Prevention of Money Laundering Act, 2002" and I/we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We authorize the Fund to disclose details of my/our account and all my/our transactions to Registrar and Transfer Agent whose stamp appears on the application form. I/We also authorize the Fund to disclose details as necessary, to the Fund's and investor's bankers for the purpose of effecting payments to me / us. Applicable to NRIs only : I/We confirm that I am/we are Non-Resident of Indian Nationality/Origin and I/we hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR / NRSR Account.

Investment in the Scheme is made by me / us on: ☐ Repatriation basis ☐ Non Repatriation basis.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature
First / Sole Applicant / Guardian
Second Applicant
Third Applicant

Scheme Name :	Option:	Sub Option:
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct (Please ✓ any one).		
Cheque / DD No. :	Date :	Amount Rs.:
Bank and Branch:		

REGISTRAR & TRANSFER AGENTS

Karvy Computershare Pvt Limited, SEBI Registration Number: INR000000221 Unit: IDBI Mutual Fund,
KARVY SELENIUM, Plot No.31 & 32, Tower B, Survey No.115/22, 24 & 25, Financial Dist., Gachibowli, Nanakramguda, Serlingampally Mandal, Hyderabad - 500 032, Ranga Reddy Dist., Telangana State.
Phone: 040-3321 5121 to 040-3321 5123. Email: dbimf.customer@karvy.com